

PUBLIC VEHICLE IDENTIFICATION NUMBER CERTIFICATION



Wisconsin Department of Transportation (WisDOT)

MV3623B

6/2015

s.342.06(1)(b) Wis. Stats.

wisconsindmv.gov

Owner Legal Name – Last, First, Middle Initial OR Business Name – Print				Date		
Social Security Number Driver License Number			 FEIN Number (if applicable)			
1 2 3	4 5 6 7	OR 1 2 3 4 5 6 7	8 9 10 11 1	OR 12 3 4 5 6 7	8 9	
Vehicle Year	Vehicle Make	Vehicle Type (if other, please specify) AUTO TRUCK	CYCLE T	TRAILER		
*	If the LAW E	NFORCEMENT VERIFICATION box	is checked, an	officer will need to complete this form.		
Vehicle Identifica		TO/TRUCK/TRAILER)	NONE – ne	eeds one assigned		
Vehicle Identifica		mber (MOTORCYCLE/MOPED)	Vehicle Identifica	eation (ENGINE) Number (MOTORCYCLE/MOPED) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19]	
		ERTIFICATION LABEL VERIFICATION LABEL VERIFICATION LABEL VERIFICATION LA		ach a photo fill in the information requested below.		
	MANUFACTURED BY:		G	GVWR:		
	GVWR FRONT:		GVWR	GVWR REAR:		
		TYPE:				
	Please write th	e complete statement shown on the labe	in the space below	V:	<u> </u>	
LAV	V ENFORCEM	ENT VERIFICATION*		OWNER VERIFICATION	<u> </u>	
		the above number(s) in at least two	abo abo	ne undersigned owner, certify that the vehicle ident ove has the vehicle identification number (VIN) writ ove. The number was taken directly from the above scribed vehicle on the date indicated.	tten	
	(Law Office	r's Name – Print)		(Owner's Name – Print)		
	(Law Offi	cer's Signature)		(Owner's Signature)		
(Badge #)		Employing Agency		(Daytime Phone #)		